

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known) _____

Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

MARCUS

First name

XAVIER

Middle name

POWELL

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

MELISSA

First name

ANN

Middle name

POWELL

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx-xx-1823

xxx-xx-7254

Debtor 1 **MARCUS XAVIER POWELL**
Debtor 2 **MELISSA ANN POWELL**

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years** I have not used any business name or EINs.Include trade names and *doing business as* names

Business name(s) _____

EINs _____

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business name or EINs.

Business name(s) _____

EINs _____

5. Where you live**3318 N. Decatur Blvd. #2010
Las Vegas, NV 89130**

Number, Street, City, State & ZIP Code _____

Clark

County _____

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code _____

County _____

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code _____

6. Why you are choosing this district to file for bankruptcy**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **MARCUS XAVIER POWELL**
Debtor 2 **MELISSA ANN POWELL**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.
 Yes.

District _____ When _____ Case number _____
 District _____ When _____ Case number _____
 District _____ When _____ Case number _____

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No
 Yes.

Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____
 Debtor _____ Relationship to you _____
 District _____ When _____ Case number, if known _____

11. **Do you rent your residence?**

No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **MARCUS XAVIER POWELL**
Debtor 2 **MELISSA ANN POWELL**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor**12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **MARCUS XAVIER POWELL**
 Debtor 2 **MELISSA ANN POWELL**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

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I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **MARCUS XAVIER POWELL**
Debtor 2 **MELISSA ANN POWELL**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts		
<hr/>			
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input checked="" type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input checked="" type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below

For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ MARCUS XAVIER POWELL**MARCUS XAVIER POWELL**

Signature of Debtor 1

/s/ MELISSA ANN POWELL**MELISSA ANN POWELL**

Signature of Debtor 2

Executed on June 27, 2019
MM / DD / YYYYExecuted on June 27, 2019
MM / DD / YYYY

Debtor 1 **MARCUS XAVIER POWELL**
Debtor 2 **MELISSA ANN POWELL**

Case number *(if known)* _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Seth D Ballstaedt

Signature of Attorney for Debtor

Date

June 27, 2019

MM / DD / YYYY

Seth D Ballstaedt

Printed name

Ballstaedt Law

Firm name

**9555 S Eastern Ave. Ste #285
Las Vegas, NV 89123**

Number, Street, City, State & ZIP Code

Contact phone **(702) 715-0000**

Email address

help@bkvegas.com

11516 NV

Bar number & State

MARCUS XAVIER POWELL
MELISSA ANN POWELL
3318 N. Decatur Blvd. #2010
Las Vegas, NV 89130

Seth D Ballstaedt
Ballstaedt Law
9555 S Eastern Ave. Ste #285
Las Vegas, NV 89123

Ad Astra Recovery
Acct No xxx2378
7330 West 33rd Street North
Suite 118
Wichita, KS 67205

Ad Astra Recovery
Acct No xxx7968
7330 West 33rd Street North
Suite 118
Wichita, KS 67205

Advance america
3073 w. craig rd ste #8
north las vegas, NV 89032

Cash 1
1995 n. nellis blvd ste c
las vegas, NV 89115

CenturyLink
3441 w. sahara ave
las vegas, NV 89146

Chase Bank
5558 camino al norte
north las vegas, NV 89031

Check City
Acct No 3330
PO Box 35227
Las Vegas, NV 89133

check city
5861 w. crag rd #104
las vegas, NV 89130

Check City Partnership dba Check City
Acct No xxx-xx9243
C/O Sean P Hillin
PO Box 35227
Las Vegas, NV 89133

Clark County Collection Service
Acct No xxx4886
8860 West Sunset Road
Suite 100
Las Vegas, NV 89148

Comenity Bank/Torrid
Acct No xxxxxxxxxxxxxxx2164
Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218

Comenity Bank/Victoria Secret
Acct No xxxxxxxxxxxxxxx5308
Attn: Bankruptcy
Po Box 182125
Columbus, OH 43218

Comenity/MPRC
Acct No xxxxxxxxxxxxxxx9266
Attn: Bankruptcy Dept
Po Box 182125
Columbus, OH 43218

Cox Cable
750 n. rancho dr
las vegas, NV 89106

Dept. of Employment, Training & Rehab
Employment Security Division
500 East Third Street
Carson City, NV 89713

Diversified Consultants, Inc.
Acct No xxxx2807
Attn: Bankruptcy
Po Box 679543
Dallas, TX 75267

Drive time
3030 e. sahara ave
las vegas, NV 89104

EdFinancial Services
Acct No xxxxxxxxxxxxxxx7274
Attn: Bankruptcy
Po Box 36008
Knoxville, TN 37930

EdFinancial Services
Acct No xxxxxxxxxxxxxxx2874
120 N Seven Oaks Dr
Knoxville, TN 37922

EdFinancial Services
Acct No xxxxxxxxxxxx2774
Attn: Bankruptcy
Po Box 36008
Knoxville, TN 37930

EdFinancial Services
Acct No xxxxxxxxxxxx8074
Attn: Bankruptcy
Po Box 36008
Knoxville, TN 37930

EdFinancial Services
Acct No xxxxxxxxxxxx1274
Attn: Bankruptcy
Po Box 36008
Knoxville, TN 37930

First Premier Bank
Acct No xxxxxxxxxxxx8806
601 South Minnesota Aven
Sioux Falls, SD 57104

First Premier Bank
Acct No xxxxxxxxxxxx9874
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Keller Management
2490 Paseo Verde Pkwy #150
Henderson, NV 89074

Keller n Jadd
2445 w. horizon ridge pkwy
henderson, nv, NV 89052

LabCorp
7751 W Flamingo Rd B-102
Las Vegas, NV 89147

massage Envy
5643 centennial center blvd #135
las vegas, NV 89149

Mn Child Support Enf
Acct No xxxx8317
444 Lafayette Road
Saint Paul, MN 55155

Money Tree
4210 w. craig rd #106
las vegas, NV 89032

Mountain View Hospital
3100 N Tenaya Way
Las Vegas, NV 89128

Navy Federal Credit Union
Acct No xxxxxxxxxxxx7883
Attn: Bankruptcy
Po Box 3000
Merrifield, VA 22119

Navy Federal Credit Union
Acct No xxxxxxxxxxxx2813
Po Box 3700
Merrifield, VA 22119

Nelnet
Acct No xxxxx7659
Attn: Claims
Po Box 82505
Lincoln, NE 68501

Nevada Dept. of Taxations, Bankruptcy
555 E Washington Ave, #1300
Las Vegas, NV 89101

NV energy
6226 w. sahara ave
las vegas, NV 89146

One Nevada Credit Unio
Acct No xxxxxxxx7808
2645 S Mojave Rd
Las Vegas, NV 89121

One Nevada Credit Unio
Acct No xxxxxxxx4208
Attn: Bankruptcy
2645 South Mojave Rd
Las Vegas, NV 89121

Pacifica SD Management
1775 Hancock Street #200
San Diego, CA 92110

Palmilla Pacifica SD Management
5955 nuevo leon st #9
north las vegas, NV 89031

Palmilla Townhomes
5955 Nuevo Leon St
North Las Vegas, NV 89031

PlusFour, Inc.
Acct No xxx0266
Attn: Bankruptcy Department
Po Box 95846
Las Vegas, NV 89193

Quest Diagnostic
PO Box 7306
Hollister, MO 65673

Rapid Cash
7460 w. cheyenne ave #110
las vegas, NV 89129

Sean P. Hillin, Esq.
Acct No 3330
PO Box 35227
Las Vegas, NV 89133

southern hills hospital
9300 w. sunset rd
las vegas, NV 89148

Spring Valley Hospital
PO Box 31001
Pasadena, CA 91110

Sprint
2500 s. greenbay rd
racine, WI 53406

State Collection Service
Acct No xxxx3455
Attn: Bankruptcy
Po Box 6250
Madison, WI 53716

SW Gas
5241 spring mountain rd
las vegasn, NV 89146

Synchrony Bank/ Old Navy
Acct No xxxxxxxxxxxx2748
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Amazon
Acct No xxxxxxxxxxxx5829
Po Box 965015
Orlando, FL 32896

Synchrony Bank/Walmart
Acct No xxxxxxxxxxxx1314
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

u.s. bank
5891 w. craig rd
las vegas, NV 89130

U.S. Department of Education
Acct No xxxx0143
Ecmc/Bankruptcy
Po Box 16408
Saint Paul, MN 55116

U.S. Department of Education
Acct No xxxx7814
Ecmc/Bankruptcy
Po Box 16408
Saint Paul, MN 55116

United States Trustee
300 Las Vegas Blvd. South #4300
Las Vegas, NV 89101

Valley Hospital
620 Shadow Lane
Las Vegas, NV 89106

walgreens walk in healthcare clinic
4771 w. craig rd
north las vegas, NV 89032